

# ENGLISH SOCIAL SERVICES



SIR GEORGE NEWMAN

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*by*

Sir George Newman

THE last thirty or forty years have seen an enormous expansion of our Social Services, and the ordinary citizen of this country now enjoys benefits that would have seemed Utopian in Victorian times. In fact the extent of the Social Services is unappreciated by the majority, and it behoves every citizen to understand what inestimable privileges have been conferred on him. Sir George Newman is one of the greatest authorities in the world on Social Welfare and Public Health and was for many years Chief Medical Officer to the Board of Education. In this book, Sir George defines the Social Services as "Those which are fundamental to primary *human needs* rather than external environment and professional or technical achievement." The origin of our Social Services he finds "mainly in the fixed and ancient laws of England ; and partly in the beneficent devices of voluntary social aspirations and mutual goodwill. It is a strange medley of State regulation and humanitarian endeavour. Both derive from similar, if not always identical, sources of the heart, mind, and will of a free people. Both have similar instincts and aims, and adopt democratic methods for their fulfilment. Both are inspired by the kind of humanism which has made England what she has been and is."

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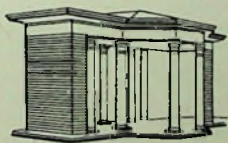
# ENGLISH SOCIAL SERVICES

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SIR GEORGE NEWMAN

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*WITH  
8 PLATES IN COLOUR  
AND  
21 ILLUSTRATIONS IN  
BLACK & WHITE*



WILLIAM COLLINS OF LONDON  
MCMXXXI

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Founded in 1123  
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KING ALFRED, A.D. 871-901  
Obverse of a Silver Penny

THE origin of the English Social Services of modern times is to be found mainly in the fixed and ancient laws of England ; and partly in the beneficent devices of voluntary social aspirations and mutual good-will. It is a strange medley of State regulation and humanitarian endeavour. Both derive from similar, if not always identical, sources of the heart, mind, and will of a free people. Both have similar instincts and aims, and adopt democratic methods for their fulfilment. Both are inspired by the kind of humanism which has made England what she has been and is.

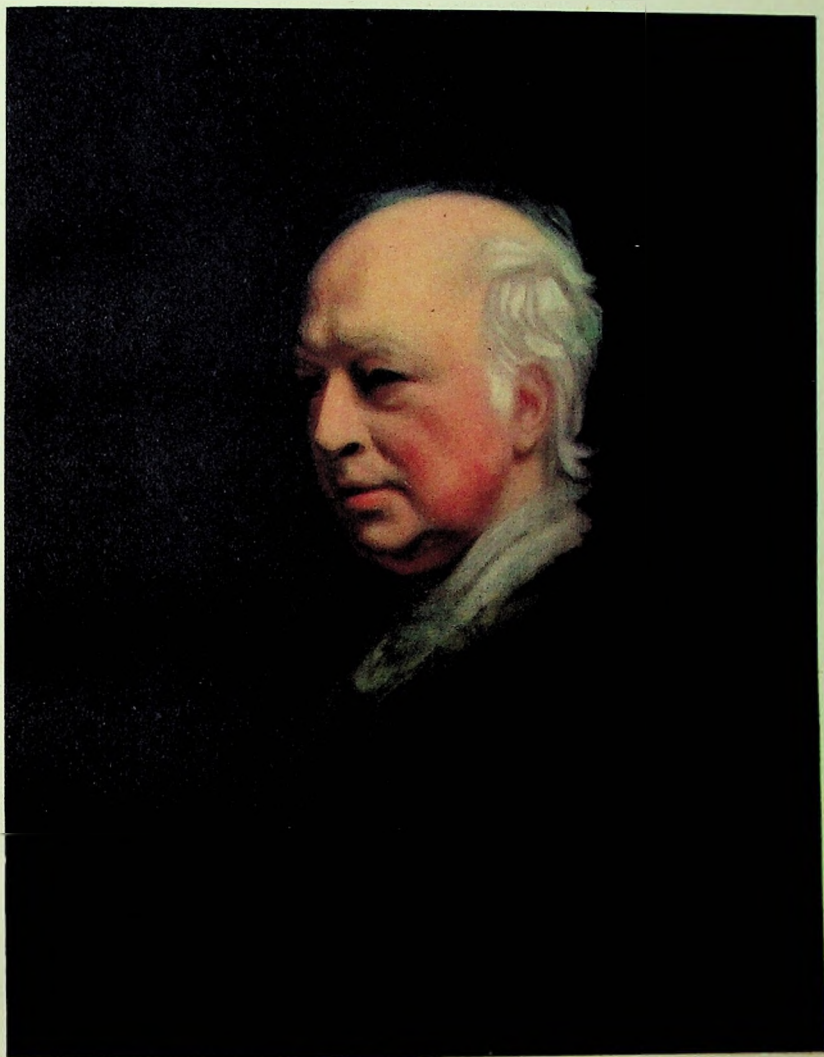
The services to be considered may best be conceived as those which are fundamental to primary *human needs* rather than external environment and professional or technical achievement. What does the natural body of man really require in order to live at the top of its whole physical capacity ? What does the mind and spirit of the ordinary man need in order to win the happiness, power, and competency with which he is potentially gifted ? Now the average healthy boy and girl of, say, fifteen to eighteen years of age awakens in due course to some ardent desire of distinction or aspiration, to be or do something worth while, creditable to itself and its own personality, to its own family, perhaps even to the nation which has provided it with birth and being. Day-dreams, visions, healthy ambitions, inspiring examples of noble living, all tend to make youth desire to emulate or excel—not willing to drift aimlessly or just “make a living,” but to achieve some definite purpose or value worthy of attainment and conducive to great ends, what Milton called “the betterment of man’s estate.”

We have a significant national ideal in King Alfred. “So long as I have lived,” said he, “*I have striven to live worthily.*”

The memory of the life and doings of this noblest of English kings has come down to us, over a thousand years, alive and distinct through the mists of legend. He lived solely for the good of his people, the first instance in the history of Christendom of a ruler who put aside every personal aim or ambition in order to devote himself absolutely to the personal welfare of his people ; and to "live worthily" meant for him a life of justice, moderation and self sacrifice. First, he devised means of defence, and created a fleet. Next he conceived and developed a system of good government by means of equitable laws, "dooms" as they were called, with *justice for all* as their basis. The earlier codes and customs of Wessex, Mercia and Kent must to this end be scrapped for the doom-book of a free people, one common united England. Thus arose a new national monarchy with a common law and a single purpose. Nor was his ideal confined to his own country. His early days in Rome expanded his mind to encourage a love of literature, and bore fruit in translations of the writings of Pope Gregory the Great, the cultivation of the arts and crafts, interest in travel, his ever-widening international relations, and his abiding conviction of the enduring value of freedom of the human spirit and of education and religion. He was the first English king to secure the survival of English civilisation and literature, and to lay the foundations of the British conception of liberty. Above all, he was in practice the father of public social service and of the ultimate victory of national integrity, of truth and of well-being. "He found the laws powerless and gave them power."

In a general sense, all the manifold and varied operations of civil law and order, its policy and its administration, are forms of national social service. The early Justices of the Peace, who were the English progenitors of our modern social state, date back to the thirteenth century. Upon them the Crown depended for "amateur" service, often voluntary, and in a variety of ways they proved to be free, unprofessional, untechnical, patriotic servants of the State and the people. They were the forerunners of our own elected local authorities, with their police and surveyors, their schoolmasters and school doctors, their relieving officers and their poorhouse, their public doctors and their hospitals. *Out of their free service, their goodwill, their high endeavour grew many of the liberties of the modern State.*

In brief, it must be said that the English social services grew up out of the Poor Law of 1601 and of 1834, in the same way as our modern health measures grew out of the early Public Health Act of 1848. The originators of the latter were Jeremy Bentham and his friend Sir Edwin

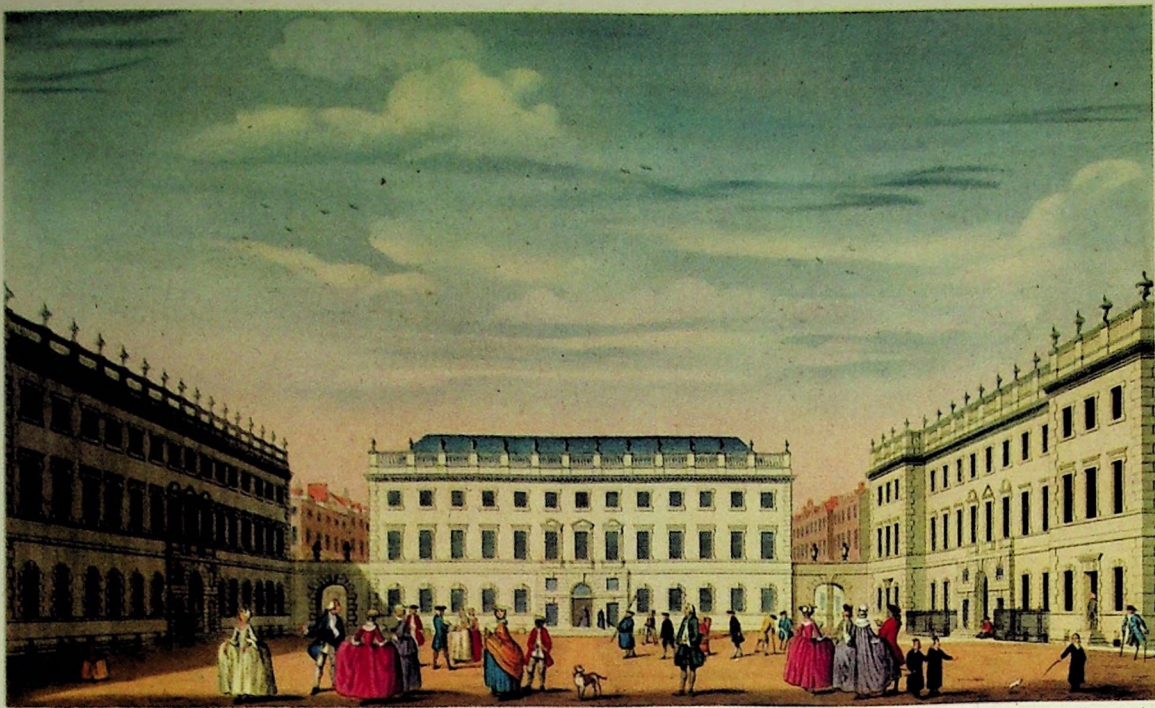


*By courtesy of the Proctor, the Queen's College, Oxford*

JEREMY BENTHAM, 1748-1832

Oil painting attributed to Andrew Geddes





*By courtesy of the Parker Gallery, London*

ST. BARTHOLOMEW'S HOSPITAL. LONDON

Founded in 1123

Coloured engraving published by T. Jefferys, 1752

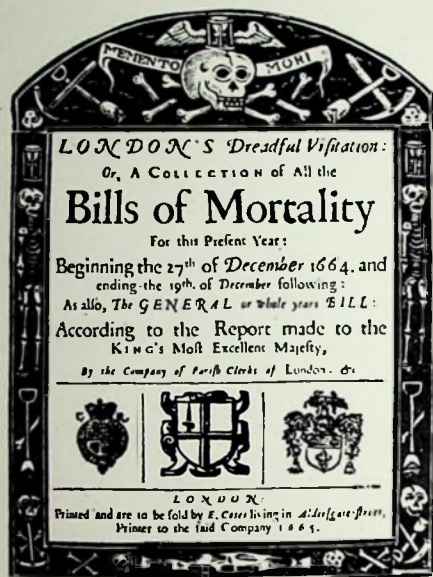
Chadwick, the generative minds and pioneers of our present health system. Their zeal sowed the seed which came to harvest a hundred years later.

In 1869 the great Sanitary Commission saved the health of the English people by means of *improved external environment*—water supply, drainage, scavenging, house sanitation, and the regulation and control of nuisances, of *bad food* and of epidemics. On that foundation only could be builded the mighty health Renaissance of 1900-1930—a new birth of personal preventive medicine superimposed upon improved external environment. The pivot of its interest was internal and personal to the individual, the man more than the machine—the mother, her infant, the school child, the adolescent, the industrial worker. Its aim was the conquest of disease and premature death, by prevention, by protection of the individual, by universal education, by enlarged security, by self-help, by research, by individual co-operation to extend for all men the frontiers of life and its opportunity.

Thus the English people have, in their long history of a thousand years, themselves been the witnesses of the whole *process* of social evolution from the customs of the past (the Manors, the Monasteries, and the Guilds of the Middle Ages), for a population of four millions, to the organisation of a State to serve and protect an industrial nation of forty millions in England and Wales. The charitable alms-giving and voluntary institutions of an early day have grown into a complex system of parliamentary law, yet retaining the purpose and the altruism which had proved effective hitherto. The mortal enemies against which our forefathers had to defend themselves continue in general to be the same as before—political and social wrongs or oppressions, poverty, ignorance, disease, and preventable mortality. But there are two differences, among others, between the Middle Ages and modern times.

First, there has been remarkable growth in the science and art of Medicine. Leprosy, the Black Death, and Cholera, which devastated Europe have disappeared from our shores in response to medical action. An attack on every form of disease has been organised and pressed home (its science has been, first, to find the cause; second, to defeat the cause; third, to annul or abolish its effect). The administrative means adopted has been to notify sickness, to isolate the patient, to treat him effectually and humanely, to prevent any recurrence, to register every communicable disease and every birth and death. These appear now to be elementary steps. But they could not be taken without the new knowledge found by four English investigators and one





TITLE PAGE OF THE LONDON "BILLS OF MORTALITY" FOR 1665  
The Great Plague was prevalent in Britain 1349-1666

Frenchman, and the co-operation of many others: (i) the Circulation of the Blood and the new physiology of the body (Harvey, 1616); (ii) vaccination against smallpox (Jenner, 1798); (iii) the abolition of pain by anæsthesia (Simpson, 1847); (iv) antiseptic surgery (Lister, 1865); (v) the germ cause of infective disease (Pasteur, 1865-1885). From these five brilliant and potential discoveries a new world of medical science was born to redress an old world of magic. Nor were these five great men alone; they brought with them troops of disciples and successors who saved more human life than had ever been saved before in the history of the human family. More than that, they opened the gates of knowledge wider than at any time since the fifth century B.C. In the twenty years from 1880 to 1900 the *cause* of disease and its process had been discovered—in anthrax, sepsis, malaria, typhoid fever, tuberculosis, glanders, cholera, rabies, tetanus, pneumonia, meningitis, plague and dysentery. And in that same glorious twenty years a profound social revolution had emerged.



For, secondly, there has been a complete transformation of the national mind from social neglect, or leaving things alone (*laissez-faire*), to active intervention, co-operation and collective humanism; "a close inter-relation had grown up," says Professor Trevelyan, "on the one hand between private philanthropic effort and State control, and on the other between local and central government." Thus voluntary and private effort aided by the State did many things, that in other countries of Europe were done solely by the State, or not done at all. Sixty years ago Sir John Seeley, the famous historian and philosopher of Cambridge, published his great book entitled *Ecce Homo*. In this book which deeply moved the mind of England he described *the spirit of true communal philanthropy*—"man's redemption of man," as Sir William Osler called it—which should lie at the foundation of all active public service for the community. This is what he says:—

"We are advanced by eighteen hundred years beyond the apostolic generation. We have witnessed improvements in physical well-being which incline us to expect further progress, and make us keen sighted to detect the evils and miseries that remain. And, finally, we have at our disposal a vast treasure of science, from which we may discover what physical well-being is and on which conditions it depends. . . . Christ commanded his first followers to heal the sick and give alms, but he commands the Christians of this age, if we may use the expression, (1) *to investigate the causes of all physical evil*, (2) *to master the science of health*, (3) *to consider the question of education with a view to health*, the question of *labour* with a view to health, and the question of *trade* with a view to health; and while all these investigations are made, with free expense of energy, time and means, to work out *the rearrangement of human life* in accordance with the results they give. Thus ought the Enthusiasm of Humanity to work in these days, and thus plainly enough it does work."

This new phrase, "Enthusiasm of Humanity," has some advantages over Bentham's "greatest happiness of the greatest number," which was good and suggestive in its day. It is also more lucid and expository than the rather ambiguous term "collective humanism," ideal of the nineteenth century, or even of the "humanitarianism" of an earlier day. However we define or describe the motive the important point is to become diligent in its practice and fulfilment. Seeley himself added that:

"the Enthusiasm of Humanity, is that respect for human beings which is a reverence for human beings *as such*, and not for the *good* qualities they may exhibit. . . . it desires not the apparent, but the real and highest welfare of each, and differs as much as possible from selfishness, being associated with self-respect, humility and independence. . . . It is handed on like the torch from runner to runner in the race of life."

What then are these social services? It might be said with truth that most if not all of the public Services of the Crown are, in practice, social services, but somewhere about the time of Bentham's great book on government in 1776 there was much talk about the necessity of conceiving and working towards a "*national minimum*" of laws dealing with the essentials of the well-being of the English people, a subject to which some of our greatest reformers directed their attention, substituting the principle of "adaptation to environment" for the biological law of "the survival of the fittest." A national minimum was also a political slogan of the Fabians, and Wells and the Webbs carried it through England. They included education, health, housing and municipal trading as part of such minimum, and their seed-sowing fertilised the social movements of municipalisation and the co-operative movement, and indeed entered into the warp and woof of national social policy. The contents of a national minimum varied of course in response to expanding knowledge and changing needs and aspirations. What suited King Alfred's small kingdom in the ninth century could not meet the needs of the vastly increased population of Britain in 1869, when the Royal Sanitary Commission enunciated its famous minimum of external environment. This in turn has given way for further expansions.

In 1891 the State expended only some £20 millions on its public social services; by 1900 this had risen to £36 millions (including education, health, housing, poor law, and lunacy); in 1910, with the addition of old-age pensions, it rose to £55 millions; and by 1935-36 it had risen to the annual sum of £500 millions, benefiting in all some thirty-five million persons, and due mainly to education, health and unemployment insurance, pensions, poor law, and the housing and homing of the English People. When one comes to consider and examine the objective or purpose of such services it is clear that they are not primarily concerned with the necessities of man's bare existence (food, water, fire, shelter, clothing), nor yet with the rules of law and order in a community, nor even with the citizen's political status and freedom. They are directly concerned with the betterment, security and equipment of man's whole personality and capacity—body, mind and spirit.

We cannot classify such social services in any concise, mutually exclusive or completely satisfactory form, partly because they are inter-related and inter-dependent, and partly because each group of beneficiaries is not fixed or completely exclusive at any one time. Here, however, is a provisional tabulation designed for immediate and practical purposes.

## TABLE OF THE ENGLISH SOCIAL SERVICES

- A. *Poor Law Relief and Public Assistance for Necessitous Poor.*
- B. *Fundamental Community Health Services for all.*
  - (i) Public Health Acts and sanitation, water supply, food control.
  - (ii) Public Medical Services. Maternity, infant welfare, nursery schools, day nurseries, pre-school child.  
Infective diseases, tubercle, venereal, diphtheria, etc. Blind, deaf, defective, epileptic, cripples. Health centres and other health agencies.  
Nutrition and immunity against infective disease.  
General and special hospital services (State and voluntary).  
Medical staff, midwives, nursing. Lunacy and mental deficiency acts. Dental, ophthalmic, psychological clinics.
  - (iii) Education Acts : Mental education itself. Education to include child hygiene, physical education, school medical service and institutions, school clinics, special schools. Health education.
  - (iv) Housing and Town Planning.
  - (v) Social recreative schemes.
  - (vi) Industrial welfare in factories and workshops.
  - (vii) Research (State and voluntary) for new knowledge and means of its application.
- C. *Social Insurance Services.*
  - Pensions (old age, widows, and orphans, etc.). Health Insurance.
  - Unemployment Insurance or Assistance (Employment Exchanges). Workmen's Compensation Acts (1897-1925).

## SUPPLEMENTARY SOCIAL SERVICES

- D. *National Savings Schemes.*  
National Savings Certificates (1916-1941) ; Post Office Savings Banks ; Trustee Savings Banks ; Industrial and Provident Societies. Life Assurance.
- E. *General Social Services.*  
Educational (libraries, museums, societies, etc.). Communications and transport (post office, telegraph, telephone, wireless ; rail, bus, tours, aeroplanes, etc.) ; allotments, recreative clubs ; police, provident schemes, sports and athletics ; Boy Scouts and Girl Guides, etc.



F. *War Emergency Services.*

Home Security and A.R.P. Emergency Hospitals. Evacuation methods (Ministry of Health Evacuation Circular 2204, 1940). Shelters, feeding and sleeping accommodation, sanitation. Medical Services. Red Cross and First-Aid posts.

We cannot do more in our available space than refer to several of the more representative and personal services thus tabulated. The eighteenth century recorded the emergence of Modern England. Even the casual onlooker saw national expansion, commercial success, abounding trade, and cheap living. Hallam and Lecky said the times were, "the most prosperous England had ever experienced." Yet the social life of the people was at a low ebb. The health of London was never worse, nor were the country districts much better off. The Black Death and the Leprosy had certainly disappeared, yet typhus fever ("gaol fever"), smallpox, malignant scarlet fever and malnutrition abounded; the general death rate stood for sixty years at an average of 30 to 35 per thousand—the highest figure recorded. From 1730 to 1789 from 50 to 70 per cent of the children died under five years of age. The causes of this deplorable state of things were the ignorance and poor social life of the people, the overcrowding of London, the prevalent alcoholic excesses, and the beginning of the Industrial Revolution. A foreign visitor told Queen Victoria in the late nineteenth century that "England takes care of her things, but *throws away her people*." That was much truer in 1720–1750, for among the people England then "threw away" were her mothers and babies, and from 1750–1850 her elder children. To these matters we will first turn.



ENEMIES IN OUR MIDST : THE COMMON BED BUG  
A poster designed to teach cleanliness



MATERNITY AND CHILD WELFARE  
A scene in the Clinic at Middleton Health Centre, Leeds

## NATIONAL CARE FOR THE MOTHER

**I**N this critical situation some famous doctors came to the rescue. Smellie (the friend of Smollett) and his pupil William Hunter, and Hunter's own pupil Charles White of Manchester, were in the vanguard. They were followed by Sir. R. Manningham, Dr. Cadogan, Dr. Lettsom and others in the eighteenth century. The crux of the problem was found to be the mother. Her domestic surroundings were grossly insanitary, her health, knowledge and power of resistance were poor, her medical attendants were usually an odd collection of unskilled apothecaries, quacks and mountebanks, and there were no competent midwives. Charles White advocated the establishment both of maternity homes and ante-natal supervision of the mother, and with Manningham (the advocate of lying-in hospitals) and Dr. Lettsom he urged the importance of saving the children as well as the mothers. Indeed, these



institutions and the new dispensaries in London combined with less drinking of alcohol had, by the end of the century, substantially reduced the national mortality. "The real grand destroyer" was alcohol. "England touched a lower depth of inebriety than ever known before or since," reported the Inland Revenue Officers. "The prevailing intemperance was the most momentous event of the eighteenth century."

But the problem of maternal mortality was not finally solved by these medical pioneers. For early in the nineteenth century the maternal death rate had only declined to 6 or 7 per thousand mothers in childbirth. The figure may not sound high or unreasonable, but there it remained intractably set, and to lose four thousand mothers a year meant a heavy drain on the nation's source of life, and an irrevocable blow to the social life of each family affected. Moreover, to lose by neglect so many mothers meant that thousands of the survivors were maimed or invalidated, sometimes for life, and the deaths of the new-born children remained excessive.

When the Ministry of Health was created in 1919 this question was one of its first urgent problems, the reduction of the maternal death rate and the protection of childbirth from its preventable hazards and uncertainty. The Ministry instituted a series of inquiries in all parts of the country into every aspect of the problem. One inquiry into the latest 5,000 mothers who had died in childbirth, elicited that in 15 per cent of such deaths there had been no ante-natal supervision; in 19 per cent some error by the doctor or midwife had occurred in the proper conduct of delivery; in nearly 4 per cent there had been insufficient or no facilities for effective supervision and care at childbirth; and in nearly 8 per cent the patient had declined expert advice. Thus, 45 per cent of these deaths seemed to be definitely due to conditions which were directly preventable. There had often been culpable neglect, too frequent practice of artificial delivery, and the *onset* of preventable puerperal fever was commonly unrecognised. This excessive maternal mortality had remained intractable for half a century, even though all other special death rates showed reduction.

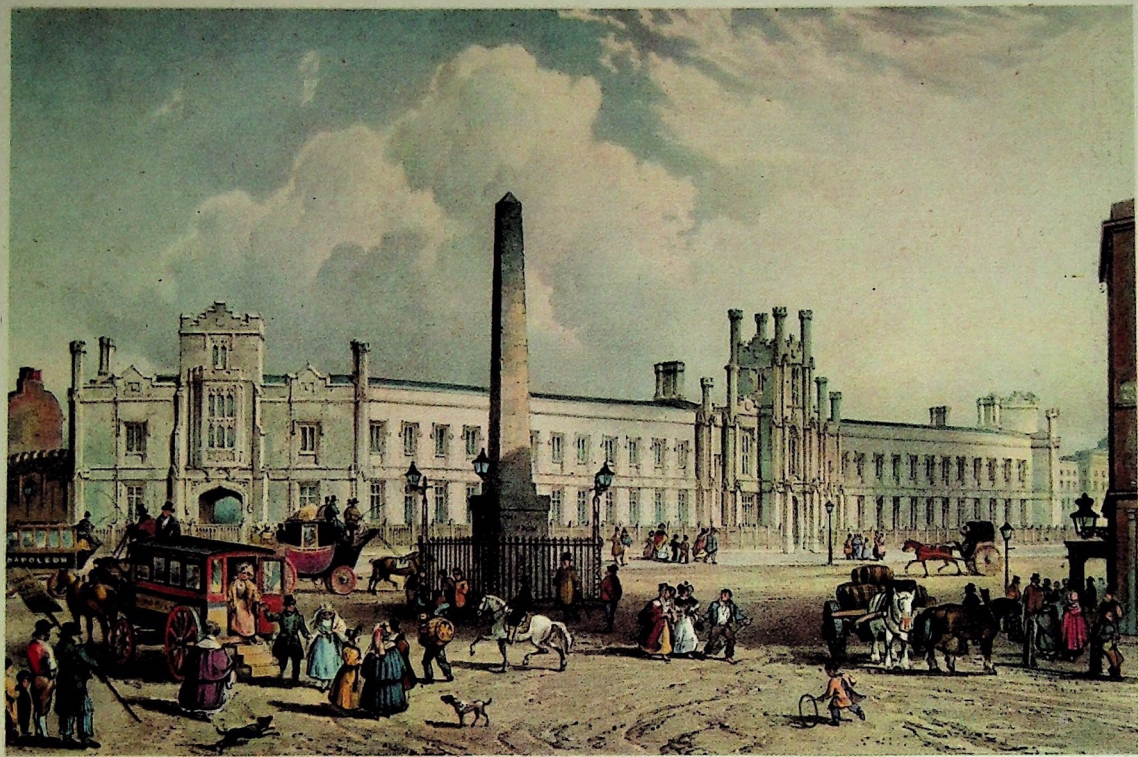
The Ministry therefore required that reform in medical and midwife education should be carried out forthwith; that skilled ante-natal supervision should be made available for every pregnant woman; that competent obstetric advice should be always at hand; that the component parts of a national service should be fully co-ordinated in each district; that every maternal death should be the subject of confidential investigation; and lastly, that adequate facilities for the effective pre-





*By courtesy of the Parker Gallery, London*

THE FOUNDLING HOSPITAL.  
Established as a charitable institution for abandoned children in 1738  
Coloured engraving of the 18th century



*By courtesy of the Parker Gallery, London*

THE SCHOOL FOR THE INDIGENT BLIND  
Founded in 1799  
Coloured lithograph by L. Haghe after J. Johnson



vention and treatment of puerperal sepsis by sulphonamide and otherwise should be provided and utilised. All these arrangements, with many subsidiary details, were put into operation forthwith.

The General Medical Council improved the obstetric training of all doctors ; the Central Midwives Board did the same for midwives ; the Local Authorities established more than 2,000 ante-natal centres (attended by 300,000 mothers), and post-natal clinics. The Ministry also provided for some 10,000 additional maternity beds. The results were inevitably slow in coming, but slowly and surely they arrived, and they proved amazing. In 1900 there had been 4,000 maternal deaths, but in 1939 there were less than 2,000 ; and the maternal mortality rate had fallen from 5 per thousand births to 2 per thousand, the lowest national rate ever recorded in England. Nor was there any less favourable effect in voluntary-care cases. The Queen's Nurses attended 65,000 district midwifery cases and had a mortality rate of only 1.9 per thousand. New methods, yes ; but also a marvellous new spirit of enlightened motherhood and its supervision throughout the length and breadth of the land.

## INFANCY AND CHILDHOOD

**F**ORTY years ago England lost by death, every year, 140,000 children under one year of age. The mothers were sorrowful, but the State was not even interested. Eighty per cent of these dead children, it is estimated, had been "well-born" and free from obvious disease or defect, but a large number of them were nevertheless dead within their first week of life, and the rest of the 140,000 died before they had lived for their first year. Moreover, many of the survivors died during the next four years. Thus there was not only high mortality of the children under one, but the conditions which killed them tended to maim or kill the survivors. Conversely, the favourable conditions of life which had saved the younger now also tended to save the elder.

Closer study reveals that infant mortality falls chiefly in the first three or four months, and particularly in the first week of life (due to immaturity, prematurity of birth and congenital defect) ; it is higher in urban and industrial areas than in rural areas ; higher in the north than the south ; higher among illegitimate than legitimate children ; and is due chiefly to three conditions : immaturity ("wasting and atrophy"), bronchitis and pneumonia, and epidemic diarrhoea. What accounts for these differences between the dead and the living ? Not





THE FOUNDLINGS IN THE 18th CENTURY

Engraving by H. Setchell after Hogarth

geology, not longitude, not custom, not religion ; not even insanitation or poverty as such. The character of the high mortality districts is first *urbanisation* and secondly *industrialism*. In 1860 Sir John Simon had said that domestic insanitation in the home, and the mother's industrial occupation, were the main social causes of infant mortality ; but to-day neither would be named. For there emerged a third grand element in the cause of high infant mortality areas, namely, *the maternal neglect and ignorance of infant care*. This is not such a harsh saying as it sounds. Knowledge and wisdom in the rearing of infants is not automatically or instinctively created in a mother's mind when her child is born. The tragic disaster which England thoughtlessly permitted for nearly a century, its "massacre of the innocents" (one hundred thousand dead babies every year), is proved by that hard and cruel fact.

The tragedy was at last arrested. It happened that a wise physician, Dr. Pierre Budin, of the Charité Hospital in Paris organised in 1890 *Consultations de Nourrissons* for the proper care and feeding of infants, the first real "school for mothers ;" next year, Dr. Leon Dufour founded a species of *infant-milk-depot* at Fécamp (nr. Havre). These two novel



**LONDON CHILDREN AT WORK AND PLAY**  
A playground recently opened on the old Foundling Hospital site

institutions were, in due course, adopted in England (at St. Helens (1899), Liverpool, Battersea, Finsbury, and St. Pancras), and approved by the Board of Education. The idea of educating mothers was received with enthusiasm. It proved capable of changing the home life of England, and scores of thousands of mothers flocked to the new "schools for mothers" and the infant welfare centres. There they found help and health education for themselves; and also for their children. In 1918, Parliament passed the Maternity and Child Welfare Act (having previously in 1907 passed a "notification of births" Act), provided grants-in-aid, and from that time the national infant mortality problem, under the guidance of the central government, found its way steadily and progressively towards solution.

Yet it was not Acts of Parliament but the mothers themselves who solved this great problem. From 1910-1930 they saved their own children at an average rate of 40,000 infant lives every year as compared with 1901-1910. It seems incredible, but there it is, set out year by year by the Registrar General. In 1891-1900 there were on the average 140,000 infant deaths each year. In 1940 that terrible national loss was



reduced to less than 35,000 per annum. The infant mortality rate thus fell from 150 per thousand births in 1900 to 50 per 1000 by 1939. There has been nothing comparable in the history of Preventive Medicine in England with this great triumph. The State and the doctors have no doubt done their part, but this is the achievement of the mothers of England themselves, aided by a zealous army of devoted and skilled helpers.

How has it been accomplished? The answer is that it has been mainly achieved by the education of the mother in the great art of infant care and nurture. For consider what was the actual problem to be solved. The children were dying chiefly from three morbid conditions: (i) from immaturity of their bodies owing to *premature* birth, or inborn atrophy and wasting; (ii) from bronchitis and pneumonia; and (iii) from epidemic diarrhoea in the summer. Their immaturity was due to being born before their time; they were not developed enough to live well or easily, owing to the ill-health or unfitness of the mother, or to her ignorant mismanagement or negligence in nursing them in the first few days after birth, insufficient breast-feeding or improper artificial feeding. The bronchitis and pneumonia were due to exposure to cold (after living in the warm body of the mother) or to infection in the home; and the epidemic diarrhoea was due to uncleanness of the alimentary system, or to home-bred infection from dirty milk or dirty milk bottles. Many of these infant maladies are directly caused by domestic insanitation, lack of effective ventilation, unclean storage and protection of food from dust and flies, irregular, unclean and improper feeding, or lack of sensible nurture or negligence. What was required was the use of knowledge as well as enlightened maternal instinct, home hygiene, increased breast-feeding, the wider use of clean pasteurised milk, and increased domestic attention to the health, cleanliness and nurture of infancy. ("No more dirty old-fashioned feeding-bottles with long rubber tubes; no more filthy "comforters" for sleepy babies to suck in their offtime; no more swarming flies on the food and milk; no more drunken mothers lying upon their dead babies!") One vivid and sensible experiment may be quoted. In 1905 the Mayor of Huddersfield (Mr. B. Broadbent) devised a plan of awarding £1 to every child in his municipal ward completing its first year of life during his mayoralty. The purpose was "to help the mother to nurse her infant herself in her own home." The number of mothers who won the prize and received the sovereign was 107. This encouraged Mr. Broadbent to devote twenty years of his life to the cause of reduction of infant mortality, and the notification of births at Huddersfield was the forerunner of the statute passed by Parliament in 1907.





HEALTHY CHILDHOOD  
A poster to teach the right way to bring up children

## THE CHILD AT SCHOOL

WE have seen that early in the eighteenth century the poor physical state of the children gave cause for public anxiety in England, due to various social evils, which were in part repaired. But towards the end of the eighteenth century the new factor of the Industrial Revolution emerged, becoming predominant even over smallpox and other epidemics. The children became its victims. They were sacrificed to its profits. But the nation had to wait and see—or rather it *did* wait and see, because that was its ancient custom. It waited, in fact, until 1870 before it provided education; and it waited again until the new twentieth century had dawned before a Reform Parliament, in 1906, said the children must also be fed and medically supervised. School feeding and medical care then became the law of the land, and after thirty years we can appreciate what sort of new revolution that meant. It opened the gates to subsequent reforms. In the present year a highly competent and experienced medical authority looking back described (in the *Journal of the Sanitary Institute*, April, 1941) this school medical service

as "one of the most far-reaching social reforms in history, and from it developed within a generation (a) a new hygiene ; (b) the application of biological science to human life ; and (c) a revolution in the theory and practice of Medicine, which was to produce profound changes in our social system." The school medical service had its roots in the long past. Its Early Fathers were Jeremy Bentham, the philosopher-lawyer (1748-1832), and Robert Owen, the Welsh socialist factory owner of New Lanark (1771-1858) ; and its medical pioneers were Dr. Peter Frank, the Bavarian (1745-1821), and Dr. Percival and Dr. Ferriar of a voluntary "board of health" in Manchester (1796-1805). Then in our own time came a volunteer army of social and medical pioneers, who made many inquiries and tried experiments ; and the ultimate result was the Education Acts of 1906 and 1907. All these workers agreed that lack of food and lack of health in children counteracted any attempts at their effective education. So the initial laws in the matter were nominally Education Acts.

The system thus introduced was devised to provide an individual medical inspection of all the four and a half million children attending the State schools, at certain age periods in their school life—in school hours, on school premises, by school doctors, in the presence of the teacher, and duly authorised and paid for by the school authority. Every school week in the year the children from a hundred thousand homes are now medically examined throughout England and Wales—by 2,400 school doctors and dentists, with the assistance of many part-time specialists and some 6,000 school nurses, and with the co-operation of many hundreds of voluntary care committees, to "follow up" the children requiring it, consisting altogether of many thousands of voluntary workers. From 50-70 per cent of the children were found to suffer from dental decay, 10 per cent from defects of vision, and 100,000 per annum from disease of the ear, nose or throat. More than a quarter of a million defects require immediate treatment every year, which is provided by private practitioners, hospitals, or School Clinics (of which there are now 2,200, for minor ailments, dental or vision defects, adenoids, ringworm, orthopædics, artificial light, and child guidance).

It is sometimes incorrectly assumed that this undertaking was organised and designed to obtain only statistical data. But consider what this public service actually accomplished. It unveiled the whole physical condition of the nation's children and its disharmonies, found out the causes, and the ways and means of their removal. In effect, it led to the



direct remedy and treatment in millions of individuals, not only recorded in official reports but known perfectly well in their own homes, and by which much preventable disease has been stopped, and death postponed, in town and village all over the country. It has transformed the child's home by a new social process, "the increased work undertaken by the State for the individual will mean that the parents have not to do *less* for themselves and their children, *but more*." And to educate and enlarge the opportunity of wise motherhood is to educate a nation. The medical and physical care of the child is designed to enhance and revalue the individuality of the child, maturing its whole *personality*. The child is not and cannot be, dealt with in the mass; it must be handled as an individual, a person, one separate, composite, indivisible being of worth and value, both to the family and the State, with its own inherent "variation" of body and spirit, its own total capacity and psychology. It is true that "variation," as Darwin taught, is normal, but it may simulate disease, and even become morbid if adaptation to environment be frustrated. Lastly, the school medical service has transformed the procedure and content of all school education. As Sir Henry Hadow pointed out in 1931, it has even changed the actual form and fabric of the school premises and equipment as well as the educational system; thus to be educated in modern school premises has become a delightful part of the liberal education of the child.

One of the most remarkable developments of English education has been the modern growth of the *Special Schools*. In 1893 Parliament enacted special measures for the education of the blind and deaf children, and six years later for the physically or mentally defective children. The recent progress made on behalf of these children was inspired by the wonderful lives of Laura Bridgman and Helen Keller, the two blind, deaf-mute girls who, overcoming their formidable disabilities, became famous, not only in America but throughout the world.

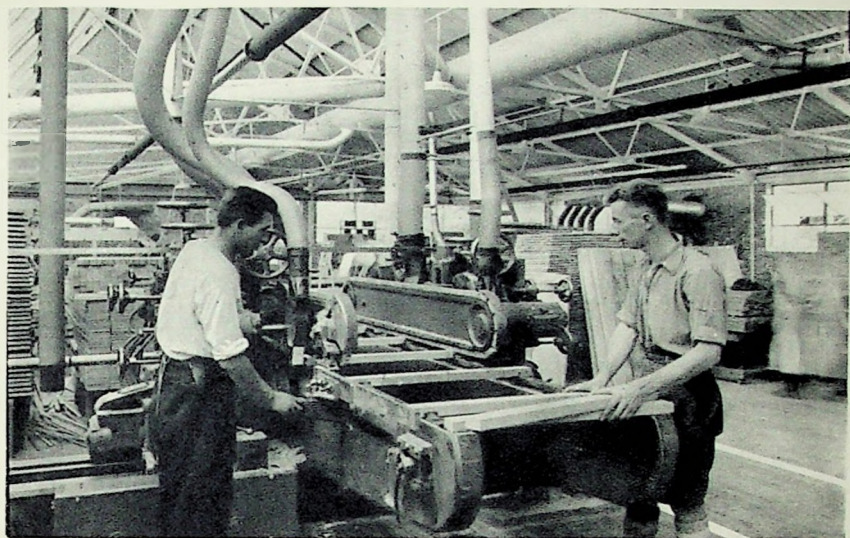
Similarly the cripple child, formerly the object of pity and alms, has recently become the subject of exploration and the opportunity of brilliant curative treatment, an advance which suggested a new kind of special school associated with hospital treatment. Sir Robert Jones, the genial and beloved surgeon of Liverpool, Sir Henry Gauvain of Alton, and Sir Pendril Varrier-Jones of Papworth were among the leaders in this new crusade, three great-hearted national pioneers. Robert Jones inherited a tradition of skilled "bone-setting," and from it he deduced a new applied science of dealing with joints and muscles of children, using ingenious methods derived from massage, manipulation,





LORD MAYOR TRELOAR'S HOSPITAL AND COLLEGE FOR CRIPPLES, ALTON  
Here, Sir Henry Gauvain was the first Medical Officer in 1908

and the transplantation of muscles. In Liverpool, at Heswall and Oswestry, he devised new forms of orthopædic surgery for children, which also proved invaluable in the mending of maimed soldiers during the European War (1916). His fame spread through the world, many younger men learned from him new principles which they applied in their own practice. Sir Henry Gauvain was the first medical officer of Lord Mayor Treloar's hospital for cripple children at Alton (1908), and he developed a method of slowly straightening the pliable body of the child, by fixing it in special splints, by long rest, recovery of function, and after-care, and by re-education of body and mind ("gauvain"ing") with marvellous results. Varrier-Jones in 1914, working at the Cambridge Tuberculosis Dispensary, conceived the idea of re-occupying the tuberculous patient by suitable work in the Papworth sanatorium, which took many beneficial forms of industry (first building their own shelters) in which "the job can be fitted to the capacity of the patient and not the patient to the job." Alton and Papworth proved to be demonstrations of the applied orthopædic medicine and surgery of Jones (associated with training and education, the restoration of body and



PAPWORTH VILLAGE SETTLEMENT, CAMBRIDGESHIRE  
Patients working on a machine in the woodwork department.

mind jointly), in fact "special Schools" of a new kind, now copied the world over—for adults as well as children.

Of all the special schools the *open air school* has probably exerted the widest change in the social habit of the people. In 1907 the London County Council established such schools in Plumstead and Lewisham, designed to accommodate "debilitated" children. The benefit thus derived was so obvious that the movement soon obtained its own momentum, and in thirty years there were 155 open-air schools in existence, in which some 150,000 debilitated children annually obtained benefit. Moreover, the exhilarating effects were so astonishing that 80 per cent of the official plans for ordinary elementary schools began to provide for additional open-air classrooms; and further, all over the country where special premises are not available, school classes are now held in summer time in playgrounds, parks, or any other open spaces. This open-air principle (combining sunlight, fresh air, freedom, games, music, dancing, physical exercise, rest, school meals, shower baths, medical supervision, and special forms of education) not only repairs the debilitated child but is advantageous to tens of thousands of other children, who now clamour



for it. The English child is becoming by habit *an open air child*, and even urban life becomes "naturalised". As Walt Whitman said in the *Song of the Open Road* :

" Now I see the secret of making the best persons,  
It is to grow them in the Open Air."

The fruit of the seed-sowing of the childhood services is both instructive and surprising. Out of that pregnant period there emerged an unexpectedly rich harvest, not alone for children but for the adolescent and adult population. "Only an educated people," as Goethe said, "is an effective people." Thus the opening of the eyes of the blind, unstopping the ears of the deaf, the restoration of the defective mind, the straightening of the crooked child, making the lame to walk—all this *proved* what could be done with "the dud and the dullard." *It re-inspired all education* of the human species—it fulfilled dreams and visions of health, happiness, gaiety and a larger life, and it re-created new opportunity. Charles Dickens visited such a special school for the blind and deaf in America in 1842 and declared that the result of such a school *was like a modern miracle*.

## THE SPRINGS OF YOUTH

**W**E now turn to an enheartening chapter of social service, in which we find the *application* of many of these vital principles of health, which we have already seen at their source and origin in dealing with childhood. "A little child shall lead them," though written two thousand seven hundred years ago, had become true again. As we have already seen the school medical service, growing out of the education service, produced in practical form "profound changes in our social system," indeed, a whole series of unrealised events in "the biological control of human development."

It may seem strange, but is true, that three great national movements thus found their case fully proved.

- (i) the organisation of Physical Fitness ;
- (ii) the problem of national Nutrition ;
- (iii) the possibilities of Industrial Welfare.

Each had its own ancestry of causes ; but their occasion and opportunity was provided by what had been demonstrated, and proved practicable, in the story of the social victories over neglected or defective





AN EARLY CLEANLINESS INSPECTION, ABOUT 1912  
A nurse examining children at Southwark, London

childhood. Those momentous conquests had been pathfinders and had disclosed the way to save a nation. "Man's redemption of man" is perhaps one of the divine mysteries of human history.

### *Physical Fitness*

Life in the open air, in forest or green pastures, upon hillsides, beside the seashore, or far away on the ocean—games, sports, hunting, exploring—taught the English people the joy of active exercise. As the swarming towns spread they found, like the ancient Greeks, that such exercise must be organised and directed, "to make the Body a useful servant



A CHILDREN'S PLAYING FIELD  
Truro, Cornwall

of the Mind," to protect the city "from the infection of bad habits," and to introduce music and gymnastic "for the sake of the soul." No great educational thinker, from Plato the first and greatest to our own day, has ever been able to think of the education of a people in any other way than as a joint training of the body and the mind together. Ling of Sweden, Jahn of Germany, and Tyrs of Bohemia, all began their great systems of training early in the nineteenth century, and like the Greeks in the fifth century B.C. designed them as physiological in method and as national and patriotic in principle.

In 1840 Swedish exercises were introduced for children in England, and after 1871 were used by the London School Board. In 1907, when medical inspection of school children began, the present system of physical training was introduced and an official syllabus issued. Since then organised physical training has become universal in all schools, supervised by specialist instructors and inspectors. After thirty years' experience, the Physical Training and Recreation Act was passed in





**CHILDREN IN WARTIME**  
Boy Scouts sandbagging a hospital, Stoke-on-Trent

1937, providing gymnasia, playing fields, swimming baths, holiday camps, etc., for school children, for adolescents (14-20), and for "keep-fit" classes (fitness for service) for the young men and women workers of all classes. A generation has now grown up containing the ten to fifteen million people who passed through the 20,000 State schools from 1910-30 and received physical training of the body, and emancipation of the mind. Who can measure its effect or delimit its influence? At school they learned and practised games, dancing and song, swimming and athletics; it gave them health and sunlight, and freed them from defects; it furnished them with a new kind of discipline of body and mind; it developed pluck and resourcefulness, and gave them joy and gaiety. "Man is born into sunlight and fresh air; they are his natural birth-right and the condition of his survival." Most valuable provision has been made, and advice given to the public, by the National Playing Fields Association, by the Central Council of Recreative Physical Training and by a score of other Voluntary Societies.





OLIVER TWIST ASKS FOR A SECOND HELPING  
A typical scene in a poor-law school in Dickens's childhood  
Illustration to *Oliver Twist* drawn by George Cruikshank

I cannot forbear to mention here the names of two great Englishmen of our generation who did more for the children and youth of England than any other two pioneers of physical health, one a doctor, Thomas John Barnardo, the other a soldier, Robert Baden-Powell. What the bearers of these two immortal names accomplished for the children of the whole world is known to all men. The one rescued, and in doing so abolished, "the waifs and strays" by making them citizens; the other laid, with wise foresight and gladness of heart as well as with genius, the enduring foundations of all true education—interest, courage and character—for the boys and girls of every race and nation. B.P.'s Scouts and Guides have won their own world.

#### *National Nutrition*

There was another extraordinary result of the social services created in 1906-7, namely school feeding; and with it began a revolution. As



MILK FOR ALL AT ELEVEN O'CLOCK  
 School Milk Scheme of the London County Council  
 A typical scene in an Elementary school to-day

usual England relied at first upon charitable remedy and poor law relief, but in 1899 the London School Board initiated a pioneering scheme for the feeding of children at school. "To educate underfed children," they said, "is to promote deterioration of physique and is a positive evil." Compulsory education, it was also declared, implied a responsibility for the physical care of the child being educated. In 1906, though public opinion was half-hearted, a Bill in favour of the State feeding of school children passed Parliament (by 290 votes to 36), as a permissive education Act. The Act said that the children should not be prevented from profiting by the Education offered, by reason of insufficiency of food, and that such food should be made available by the State. The response was that one-tenth of the Local Education Authorities started to provide school meals, while some authorities supplied a drink of milk instead. Later on, the Act was amended to include school holidays, ensure adequacy of food, and make grants-in-aid from the Exchequer. Still there was little enthusiasm for direct State feeding. There were



three reasons for this complacency. First, there was no reliable and commonly accepted index of nutrition or malnutrition, and food insufficiency was recognised to be only one of the causes of malnutrition. "Diet alone is not the only factor involved in Malnutrition." Secondly, there was the complex issue of distinguishing "school meals" from poor relief. This proved, in practice, to be a difficult issue in devising equitable administration. Thirdly, there were many authorities who favoured school milk schemes instead of meals. In 1925 Dr. Corry Mann had proved the highly nutritious value of one pint of pasteurised milk daily. These were among the reasons which contributed to the apparent complacency which was prevalent.

Thus though school feeding was not widely applied in England for many years, it proved, in the long run, an invaluable means of social service, and by 1938 though the Act remained permissive, local facilities for providing supplementary food became almost universally available, either as school meals, milk meals, or at school canteens.

Medical inspection in the elementary schools showed that 14-15 per cent of the children enjoy excellent nutrition, 74 per cent have normal or average nutrition, and 10 per cent are slightly subnormal in nutrition (only half of one per cent being badly undernourished). These figures compare favourably with comparable returns of other nations, and they certainly do not suggest a malnourished nation; on the other hand, the term, "malnutrition" may quite fairly be used to denote anything below full and complete nutrition, which though eminently desirable for an individual or for a community is rather a physiological ideal only to be fulfilled by the few. "Defective nutrition stands in the forefront as the most important of all physical defects from which children suffer." (Board of Education Report, 1910.)

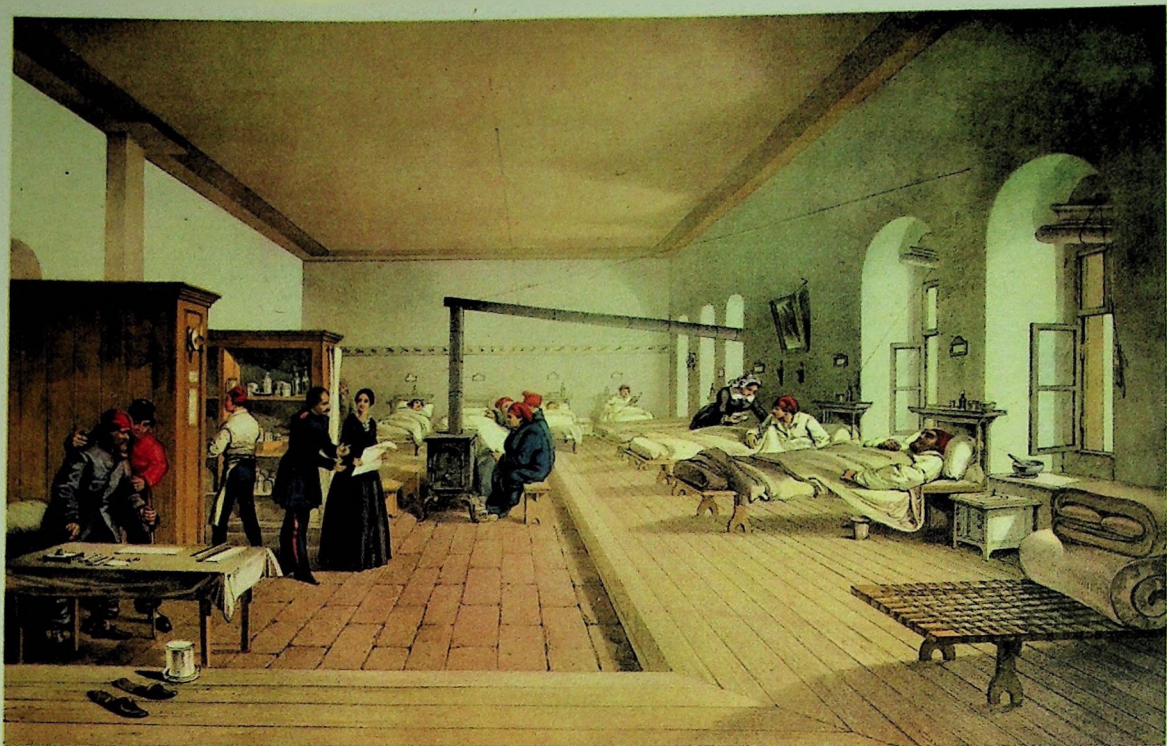
It must not be overlooked that the provision of school meals as a national experiment provided, from 1910 onwards, the machinery and the means for trying out several methods of State feeding. It was certainly a great improvement upon poor relief, and its tentative application had far-reaching effects. Though admittedly only one kind of means of solution of defective nutrition, it *concentrated public attention* upon an extremely important problem. It also introduced a system in every way better than casual charitable agencies; it encouraged the practice of milk drinking in childhood; even if it benefited only a fraction of school children, it reduced the seriously underfed children found in the schools from 12-15 per cent to less than one per cent, and it broke the back of serious "malnutrition" among school children. More than





*By courtesy of the British and Foreign Bible Society, London*

ANTHONY ASHLEY-COOPER. SEVENTH EARL OF SHAFTESBURY, 1801-1885  
Oil painting by Sir John Millais, 1877



*By courtesy of the Nightingale Fund Training School for Nurses*

FLORENCE NIGHTINGALE, 1820-1910, PIONEER OF THE NURSING PROFESSION  
Inspecting one of the wards of a hospital at Scutari during the Crimean War  
Coloured lithograph by E. Walker after W. Simpson, 1856

that, it brought the whole of the parents of the nation to face the vital issue of the nutrition of their children, and it supplied food for depressed areas in time of war or unemployment or distress.

Among other effects of school feeding were the establishment of local voluntary committees which was the origin of the "children's care committees" of 1909 (of which 950 were instituted in London alone) for the "following-up" of children found to require medical treatment. These Care Committees throughout the country have now rendered invaluable services for thirty years, and have brought in, and voluntarily incorporated, thousands of workers in the public social services. Further, the school feeding Act of 1906 empowered the authorities to provide new accommodation in the schools for kitchens and apparatus for the preparation and serving of the meals, which subsequently proved invaluable for cookery and "house-craft" training for the girls. This brought the educative value of the elementary schools into line with that of secondary schools, and facilitated, in point of fact, in many areas the emergence of technical classes in arts and crafts, instruction in gardening and physical training, play centres, camps, and "school journeys." All these popular movements humanised the schools, widened their culture, and transformed their fabric and lay-out, making them into "social centres" of communal life—invaluable temporarily in the War of 1914-18, priceless permanently in revitalizing the English village communities.

There was yet another step of progress, which will probably prove to be the greatest of all. School feeding created a widespread controversy in every home in the land, and assisted in formulating public opinion in favour of the suitable provision of better food for factory workers, for the unemployed and unemployable, above all for pregnant women, expectant and nursing mothers, even for the infant and pre-school child. It created an extraordinary and generative ferment in the land, a practical commonalty of public service, adaptable to all sorts and conditions of men. Indeed, it hies back four hundred years to Sir Thomas More's *Utopia*, the ideal city with its "communal meals" of fruit and food, with music and lectures. It is as difficult to estimate what this Act of 1906 prepared the nation for, as it is to measure the far-reaching awakening—educational, social, commercial, even scientific—which resulted from it. When Greek medical science and hygiene fertilised English social aspiration, there sprang to life real and vital growth. Here, indeed, is a famous illustration of science and altruism working together. As far back as 1753 an Edinburgh doctor, James



Lind, discovered the way to conquer scurvy in the Navy, the first great mortal enemy of the Navy. He found it in using a dietary including oranges and lemons. Captain Cook, whose statue stands in the Mall in London, proved it in practice on his ship the *Resolution*, during three years at sea ; and Sir John Pringle issued anti-scurvy orders for the Navy. Thus England learned a new fundamental truth of science. Yet it lay "buried in the unconscious" until our own time when the discovery of vitamins and the new physiology of assimilation had revealed its inwardness.

### *Industrial Welfare*

Thirdly, we turn to another inspiring record. If Necessity be the Mother of Invention, it is also true that socially and historically the conditions and life of the industrial worker lie near the foundation of the well-being of an industrial people. That vital national issue was raised in massive form at the beginning of the Industrial Revolution in England in the middle of the eighteenth century, and it has remained with us, increasing in magnitude and complexity as the population and its forms of industry have expanded. Its development is one of the most impressive in our social annals. Its lessons of triumph and failure have been carried to the ends of the earth. For England was the first of the civilised nations to embark, all unwittingly, upon a rapid and unforeseen evolution of industrial enterprise. In some ways she has been surpassed by her foreign competitors, but she remains the originator of mechanical invention by a whole people. For it was England which first learned the great principles of safeguarding the health of the factory worker, of restricting the hours of labour, of exploring the effect of occupation on human health, and of the prevention of its ills and accidents. It was England also which contrived methods of State control in the form of the Factory Acts.

The Industrial Revolution in England was not a war, nor was it a revolt or anarchy ; it was a stage in a long process of social evolution. The bounty of nature had provided water-power, coal and iron ; the great inventors had discovered or contrived new means of turning them to man's use ; the philosophy of Bentham and Adam Smith had furnished new inspiration to man's aspirations ; and the rapidly increasing population had redistributed itself. Those were the main inherent factors, but concurrently American cotton had come to Lancashire. Some of the inventors were poor operatives guided by mechanical faculty



ROBERT OWEN 1771-1858  
A Pioneer of Industrial Social Reform  
Chalk drawing by S. B. (Sam Bough?) 1851





DR. BARNARDO SEES DESTITUTE BOYS SLEEPING ON A ROOF IN LONDON  
To rescue children from such conditions he founded his Homes in 1866

and ingenuity in their own industry. Kay of Bury invented the weaver's flying shuttle about 1733, and in the next score of years came Hargreave's spinning-jenny, Arkwright's frame, and Crompton's mule for cotton weaving. Again, Watt's condenser for the steam engine was exploited by Boulton, and within a few years steam became the dominant power in the staple industries of Britain. The coal and steam smelting of iron was a simple matter where coal and iron were abundant and in juxtaposition, and being near to harbours favoured exportation. Thus iron and coal came at the advent of the new railway and transport systems, and, with cotton-weaving, placed England at the head of industrial





ONE OF DR. BARNARDO'S HOMES TO-DAY  
Boys learning to repair shoes

Europe. Brindley's canals and the roads of Telford and Macadam facilitated inter-communication, pack-horses gave way to coaches and coaches to railways. In half a century the increasing population rose from six and three-quarter million people to twelve millions, redistributed from the south to the north, and from the land to the towns. Vast evil-smelling, jerry-built slums grew up overnight, and quick fortunes were made by the few out of the ill-paid toil of the under-nourished many.

The stress and strain of the emergence of the Industrial Revolution fell with particular severity on the women and children driven by two circumstances into the new factories. The women were enticed by in-



WELWYN GARDEN CITY, HERTFORDSHIRE  
An example of modern town planning

flated wages. The children were "conscripted" by the existing "poor law apprenticeship." Both women and children were helpless to protect themselves against the demands and cupidity of the employers of cheap labour. The children from 5 to 12 years of age were carried off in wagon-loads from the rural districts to the factory towns, and made to work for extremely long hours under cruel and unhealthy conditions. The first Factory Act of 1802 was concerned with their "health and morals" (words which tell their own tale). The employers urged that the "longer the hours, the greater their profits," that the industrial system was absolutely necessary to national supremacy and security—that upon its "success" depended the national life and credit. The men workers complained that their individual health, livelihood, and well-being, and that of their women-folk and children, were being sacrificed to the long hours and evil conditions of the mills. Those were the issues of the long and terrible struggle of the Ten Hours Bill from 1830 to 1847. Robert Owen, himself a cotton manufacturer, was the early hero of this conflict, the first of the long line of humanitarians, who fought for the education and health of the children entering his mills





THE POST OFFICE MEDICAL SERVICE  
London's P.O. Ambulance Centre, founded 1902

at New Lanark. Owen was taught his factory principles by Jeremy Bentham, who, in 1776 inspired the whole country with his doctrine of *utility* and its purpose in labour, associated with "the greatest happiness of the greatest number," and formulated his ideals in legalistic codes of practice; and by Adam Smith, the professor-economist of Glasgow, who moved the industrial world in the same year by his great book on *The Wealth of Nations*—which converted Owen and Pitt to free trade. Smith said that labour was the source of national wealth, and it must have freedom to pursue its own course of interest. Dr. Thomas Percival of Manchester, the eminent physician, initiated the first medical services on behalf of the industrial worker, by his voluntary Board of Health, in 1796. As educationalist, mathematician, and pioneer, he was the friend of Voltaire and Condorcet, and the leader of that long line of doctors who saved the health of the factory worker. It was Robert Owen and Percival who brought Sadler into the reform movement, who in his turn inspired Lord Ashley, afterwards the great Lord Shaftesbury, the apostle and exponent of practical altruism. A long succession of Factory Acts from 1833 to 1937 stand to the eternal credit of these early



Reformers and their successors and friends. They introduced many reforms, but their chief contribution was a *spirit of humanitarianism, and an understanding of the health and social requirements of the worker.*

It is instructive to recall that alongside factory reform went two different but important movements initiated by the Factory Act of 1833 ; first it introduced the beneficent plan of *factory inspection* by the Home Office, and secondly (almost incidentally) it drove the public to accept education, universal and compulsory.

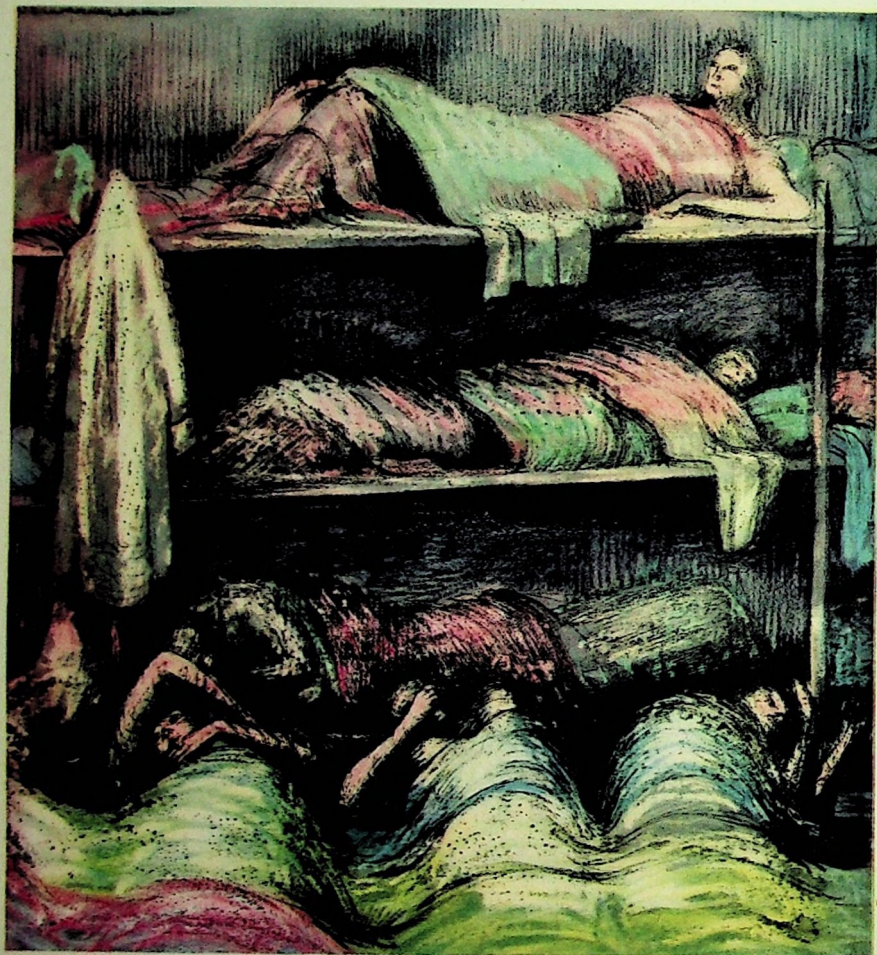
The Factory Acts introduced not only government inspection and control of hours of labour, but also provided for sanitation and more cubic space, lighting, ventilation, cleanliness ; supervision of sickness ; notification of accidents and poisoning ; safety by protective fencing of machinery ; the appointment of " certifying factory surgeons " ; restriction and control of dangerous occupations (in lead, arsenic, phosphorus, explosives, and anthrax) ; and, in our own times, the whole idea and organisation of industrial welfare, the provision of canteens, drinking water, washing facilities, sanitary accommodation, protective clothing, seating accommodation, ambulance and first aid, and welfare supervision. During the War of 1914-18 the Health of Munition Workers Committee made extensive inquiries securing many reforms for the Factory Bill of 1916, and after the war the Industrial Health Research Board and the Act of 1937 continued its work. But even yet much remains to be done in reducing fatigue, in studying the psychology of the factory worker, in continued technical and cultural education of the adolescent worker, and in the supervision of the smaller factories and workshops (in which the vast majority of factory workers are occupied). Also it must not be forgotten that there are some 900 fatal accidents in factories every year, and 200,000 non-fatal accidents, for which not only large sums of compensation are paid, but preventive action is frequently inadequate. Among the most encouraging points of the factory situation is the wide extension of industrial welfare, the increase in the number of industrial medical officers appointed by the employers, and the closer co-ordination between the Ministry of Health and the factory organisation, central and local.



*By courtesy of the Artist and the Boy Scouts Association.*

LORD BADEN-POWELL, 1857-1941  
Founder of the Boy Scouts Association  
Oil painting by David Jagger





*Crown copyright reserved*

A LONDON TUBE AIR RAID SHELTER, 1941  
Sleeping in Bunks  
Watercolour and chalk drawing by Henry Moore



## LIFE ASSURANCE FOR ALL

THE establishment of the national system of health insurance in 1911 has proved to be one of the greatest contributions to public social health which has ever been introduced in England ; it has brought the whole country within a state service of health. The idea arose in this way. In 1834 Parliament called for general practitioners to be part-time medical officers under the Poor Law to care for the health of the very poor as well as their ordinary paying patients, and 3,000 doctors became district medical officers of the Poor Law. Fifteen years later, practitioners were appointed similarly part-time medical officers of health under the new Public Health Act. Thirty years later, 2,000 practitioners became "certifying factory surgeons," and in 1907 many of them also became school doctors. Thus, by 1910 some thousands of medical practitioners were in fact serving the State as "preventive medicine" men, or as specialists in tuberculosis, venereal disease, and mental disease. Indeed every medical practitioner is called upon to notify births, sickness or death, and to vaccinate, or otherwise treat, patients at the cost of the State. Side by side with this expansion of the widening public duties of the practitioner there had for many years been much controversy in the medical profession about "contract practice," private medical clubs, and "the sixpenny doctor" for poorer patients, the ancestor of which had been the "dispensary doctor" of the eighteenth century, on which Sir Samuel Garth wrote satirical poetry.

Here then was the opportunity to bring every practising doctor into the medical service of the whole people, especially the poorest, for the rich could look after themselves. The statesman who grappled with this business was Mr. Lloyd George, and everybody knows of the lively and famous controversies which his Bill aroused in 1910-13. "It was like rounding Cape Horn," he said after the fray, "a chilly wind, heavy seas, dangerous rocks. However, we steered through, and it is now sailing the Pacific Ocean." Eventually the scheme as passed by Parliament was this : everybody, man or woman, over 16 years of age (later extended to 14-16 years) who is employed under contract in manual labour (non-manual occupation, if earning less than £250 a year) must be insured against sickness or unemployment. There were about 16 million of them, 40 per cent of the population. They were to pay 4d a week, their employers the same, and the State an additional sum.

The medical "benefits" were to be five: free medical treatment, sickness, disablement, and maternity benefit, with "additional" benefits

dental, ophthalmic, convalescent home, surgical appliances, etc.). After the scheme had been working for ten years a Royal Commission decided that the system was a "most valuable factor" in the improved "health of the nation," and it should become "a permanent feature of the social system of this country, and should be continued on its compulsory and contributory basis." The Commission also concluded that the medical service thus provided was "immensely superior" in quality to that given in most of the "clubs," was available at an earlier stage of sickness, and was more preventive in tendency. Some eight million insured persons become *patients* every year (i.e., 150,000 patients receive benefit every week). The number of doctors who enlisted in this system was 15,000, and their patients came to them early, frequently, freely, undeterred by fee, and at the beginning of their sickness, when disease may be more effectually remedied. Nor does the doctor have to furnish bills or suffer bad debts. Each insured person may select his own doctor, and change him (when he desires) for a better ! It has become, in fact, a fourth social medical service, added to the public health measures, to sanitation, and to public assistance under the poor law. Perhaps of the four it is the most effectual preventive measure of all.

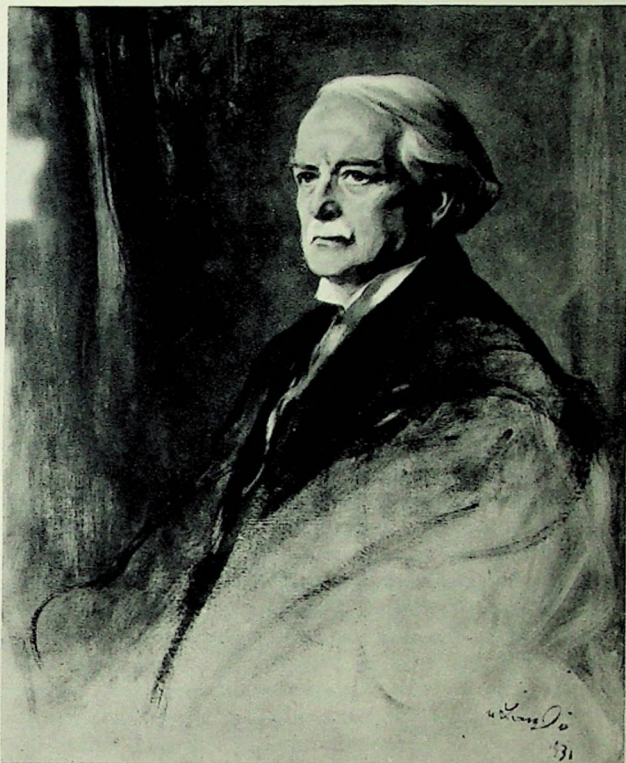
Lastly, the whole system is supervised by the State and is under the critical eye of the local authority, the "approved friendly societies" and the trade unions—an assurance of efficacy. The doctor is paid by the State nine shillings per person per annum.

No one could reflect upon such a system without recognising its potential value. But it also carried with it unforeseen advantages. It proved a great educational means and incentive, to which indeed has been attributed a large degree of the national health ; it provided the beginnings of the Medical Research Council and the Industrial Health Research Board, themselves invaluable agencies in ensuring the national health ; and it led to the establishment of the national anti-tuberculosis organisation (tuberculosis officers, dispensaries, sanatoria, colonies, and hospitals).

No other Health Act of Parliament has proved more educative, or touches the daily life of the population so universally, intimately or domestically. It has its limitations and may periodically need amendment or revision, but it has become part of the permanent social texture of our civilisation, what has been described as "the biggest contribution to the social services of the present century."

There is one other kind of assurance to which reference must be made, for its inclusion in the new social services brought inexpressible





THE RT. HON. DAVID LLOYD GEORGE

He piloted the National Health Insurance Bill through the House in 1911  
Oil painting by P. A. de Laszlo, 1931

joy, comfort and a sense of security to a million homes in England. This was the Old Age Pension Act of 1908. What adds to the burden of life is not work but worry ; and especially that recurring anxiety and feeling of insecurity which arises as life advances from uncertainty as to the future means of subsistence. Twenty years before that date Herbert Spencer, Charles Booth, the statistician and social investigator, Sir Robert Giffen, and the Fabians had published disturbing reports on the liability of the industrial classes to chronic destitution without hope of

constructive deliverance. Chadwick, Sir John Simon, and Professor Thorold Rogers had repeatedly declared this situation as perilous to efficient workmanship, to health and to contentment, amply confirmed by psychologists as exerting a depressant effect on both mind and body. That was the problem Parliament had to solve in 1907, and Mr. Lloyd George used as a lever the favourable experience of New Zealand, which had adopted old-age pensions in 1898. Parliament approved, and a system of non-contributory pensions at 70 became at last the law of the land. There have been various amendments, and a consolidated Act in 1936 made two million persons its happy beneficiaries. As the result of experience Parliament extended the principle by lowering the age of entry for the blind to 40 years, and by devising a scheme of *contributory* pensions for widows and orphans, and old age (1925), for "black-coated workers" (1937), and for employed persons above 16 (1940). Thus generally speaking the whole wage-earning community can now obtain pensions of one sort or another, and the spectre of becoming destitute in old age has been banished.

Lastly, in 1925 *workmen's compensation* (first introduced, 1897) for fatal accidents and non-fatal injuries in employment was extended to more than eight million persons. Indeed, in 1938 there were 2,500 fatal and 450,000 non-fatal accidents in industry, for which six and a half million pounds were paid in compensation.

All these forms of pension, insurance and compensation have, in the last thirty years, added immeasurably to the comfort, contentment and confidence in life. Such security has, of course, been enhanced by thrift and prudence, and by the remarkable monetary investment of the people in the national savings certificates, banks, provident societies, and life assurance, which now amounts in value to millions of pounds yearly. It is sound economy as well as contributing to national credit and well-being.



## AN IMPROVED HOSPITAL SERVICE

THE art of healing disease furnishes a slow-moving but romantic story. It concerns the growth and application of knowledge, experience and understanding, which almost passes belief. Its foundation was humanitarian sympathy combined with medical science (impregnated in its early stages, and even now, with the elements of magic, folk lore, and superstition), and this has inspired both the primitive hospitals of the ancient world and the hospital system of to-day. To seek to aid nature in healing disease by medicine and hygiene, and the practice of both in institutions of refuge, thus became one of the noblest objectives of the human mind as far back as the Minoan civilisation of Crete, 4000 years before the Christian era. "The history of hygiene," said Sudhoff its historian, "begins with the primeval history of mankind." From that far-off day was derived the idea of the health temples and hospitals of Aesculapius (god of medicine), as pilgrims' rest-houses for the sick. This was the origin also of the hospitals of Pope Innocent III and the monastic orders in the thirteenth century, which, in their turn, were the forerunners of British hospitals of medieval and modern times.

It is well known that the public demands on our own hospitals have much increased in recent years, not because disease has increased, but because the discoveries of modern medical science and the means and resources of effective treatment have greatly expanded. In the last one hundred years anæsthesia, antiseptic surgery, and trained nursing have come into common use, and together they have revolutionised surgical treatment, and brought the whole body within operative compass. Most sick persons do not require in-patient hospital treatment, and out of seven million "hospital" patients only one million need bed treatment, the remainder being treated as "out-patients." Nowadays, hospitals are not conducted as "rest-houses for the sick poor" (as formerly), but for patients who cannot well be treated thus or at home. They need skilled medical and nursing attention by day and night or prompt surgical treatment. In fact, hospitals are provided for acute infectious disease, critical medical cases, accidents, surgical emergencies, and complex midwifery. For more chronic conditions, tuberculosis, venereal, lunacy, mental disease and incurables, there are special hospitals available, as also for diseases of the eye, ear, nose and throat.

The English hospital system consists, first, of about one thousand *voluntary* hospitals (supported by voluntary subscribers) containing 80,000 beds, and receiving about one million in-patients yearly, with five million out-

patients ; and secondly, some 1,800 *State* hospitals with 170,000 beds, providing accommodation for many more than one million in-patients (including more than 160,000 midwifery). The *State* hospitals are, as a rule, conducted by the Local Authorities and are supported by rates and taxes, and usually have few or no out-patients. They consist of fever hospitals, poor-law institutions, and special hospitals for tuberculosis, venereal, maternity, and lunacy as well as general hospitals. Under the Local Government Act of 1929 as many as 120,000 beds under the Poor Law were transferred (or "appropriated") to the use of the general public under the Local Authorities. This Act separated health policy from the Poor Law once and for all ; it empowered the Local Authorities to provide "curative hospitals for the general public" (appropriating poor law beds for that purpose) ; it encouraged co-operation between the authorities and the voluntary hospitals ; it co-ordinated the poor law and public health services ; and it unified statutory and voluntary services in every area of the country. As a result of this Act thousands of hospital beds came into the larger service of the general public ; and it led to the creation of joint hospital committees of management representing voluntary and *State* hospitals, the beginning of regional control of all hospitals in an area.

There is no substantial difference in the medical services of the *State* hospitals as compared with the voluntary hospitals. Both are provided with a competent medical and surgical staff ; both have efficient nursing, convalescent home accommodation, almoners, and co-operation with the local doctors and district midwives, and nurses for patients discharged from hospitals ; both provide facilities for healing unattainable by most out-patients—prolonged rest and expert observation, regular medication, and special facilities for diagnosis and treatment. Above all, medical or surgical treatment in hospital should furnish a liberal education in the principles and practice of personal hygiene and preventive medicine.





#### LEARNING TO LIVE

Children beginning life with the advantage of healthy and happy surroundings

### THE ART OF LIVING

OF all the special social services that of *health education* is one of the most urgent and profitable. As we have seen, in England not only the general public health and sanitary measures but also the New Social Services depend for their efficiency upon *an educated people*. In recent years a score of voluntary societies have been established for this particular purpose, and in 1928 the Ministry of Health itself issued *Suggestions on Health Education*, which had a wide circulation, and is still obtainable (from the Stationery Office). At the same period a Central Council of Health Education was created for the purpose of educating the people in securing and maintaining health. Now what exactly should be taught in such Health Education? Here are some suggestions for consideration :

(1) That sound parentage is the foundation of a healthy family life, because Heredity comes before Nurture ;

(2) that it is necessary for each individual, of each family, personally to cultivate vigorous physique and vital personal health of body and mind, working together as one ;

(3) that it is indispensable to create (somehow or other) and effectually maintain the sanitary surroundings and domestic circumstances which are conducive to the health and well-being of the whole population—satisfactory housing, public water supplies, drainage, ventilation, cleanliness, etc. ;

(4) that appropriate and careful adjustment and adaptation of the personality to its surroundings and circumstance is essential to the harmony and natural growth of the body and mind ;

(5) that healthy nutrition of the body is the basis of healthy life, and depends not only upon the sensible selection, cooking and digestion of suitable food, but upon ample fresh air (oxygen), daily exercise, and sufficient rest ;

(6) that it is necessary to educate and train each child and adolescent in personal hygiene and physical training and in the practical science and art of healthy and happy living together ; following the early Greek ideal, "Know thyself ; and be moderate" ;

(7) that the freedom and discipline of the mind and spirit of man is as requisite to his independent and individual health and growth, as it is to the liberty and well-being of the community of which he forms a part (whether he likes it or not), because both freedom and restraint are essential to unity and concord ; and

(8) that to this end, *full use* should be made of the varied ways and means (including the public social services) now available to all through the State, municipality or voluntary agencies. Many devoted pioneers have for generations opened the gates to a better and happier England but not always have the people done their part to enter in and possess their new inheritance.